

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08954254

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1												
2		1		1											
3	1		1												
4		3		3											
5		3		3											
6		3		3											
7		3		3											
8		3		3											
9		3		3											
10		3		3											
11		3		3											
12		3		3											
13		3		3											
14		3		3											
15		3		3											
16		3		3											
17		3		3											
18		3		3											
19		3		3											
20		3		3											
21		3		3											
22		3		3											
23		3		3											
24		3		3											
25		3		3											
26		3		3											
27		3		3											
28		3		3											
29		3		3											
30		3		3											
31		3		3											
32		3		3											
33		3		3											
34		3		3											
35		3		3											
36	1		1												
37	1		1												
38		3		3											
39		3		3											
40		3		3											
41		3		3											
42		3		3											
43		3		3											
44		3		3											
45		3		3											
46		3		3											
47															
48															
49															
50															
TOTAL IND.	4		2												
TOTAL DEP.		138		97											
TOTAL CLAIMS		138		97											
51															
52															
53															
54															
55															
56															
57															
58															
59															
60															
61															
62															
63															
64															
65															
66															
67															
68															
69															
70															
71															
72															
73															
74															
75															
76															
77															
78															
79															
80															
81															
82															
83															
84															
85															
86															
87															
88															
89															
90															
91															
92															
93															
94															
95															
96															
97															
98															
99															
100															
TOTAL IND.	2														
TOTAL DEP.		112													
TOTAL CLAIMS		112													